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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number RAM-PT015

First Named Inventor Pliura et al.

COMPLETE IF KNOWN

Application Number 10/580,077

Filing Date May 18, 2006

Group Art Unit Not Yet Known

Examiner Name Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**STABLE LIPOSOME COMPOSITIONS COMPRISING LIPOPHILIC AMINE
CONTAINING PHARMACEUTICAL AGENTS**

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 11/22/2004 as United States Application Number or PCT International

Application Number PCT/CA2004/002002 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/523,316	11/20/2003	

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 3624 →

Place Customer Number Bar Code Label here

☐ Registered practitioner(s) name/registration number listed below

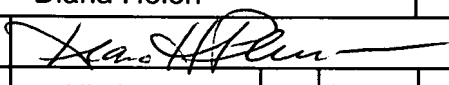
Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 3624 OR ☐ Correspondence address below

Name	VOLPE AND KOENIG, P.C.				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Diana Helen			Pliura		
Inventor's Signature					Date
					June 8, 06
Residence: City	Mississauga	State	Ontario	Country	Canada
Post Office Address	5032 Brandy Lane Court				
Post Office Address					
City	Mississauga	State	Ontario	ZIP	L5M 5A2
				Country	Canada

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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RAM-PT015


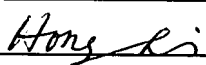
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Blagoja		Ristevski	
Inventor's Signature 		Date <u>August 8, 2006</u>	
Residence: City	Oakville	State	Ontario
		Country	Canada
Citizenship Canadian			
Mailing Address 2094 Shady Glen Road			
Mailing Address			
City	Oakville	State	Ontario
		ZIP	L6M 3P1
		Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Charles James		Boylan	
Inventor's Signature		Date	
Residence: City	Gurnee	State	Illinois
		Country	US
Citizenship US			
Mailing Address 16798 Orchard Valley Drive			
Mailing Address			
City	Gurnee	State	Illinois
		ZIP	60013
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Hong		Li	
Inventor's Signature 		Date <u>June 8, 06</u>	
Residence: City	Brampton	State	Ontario
		Country	Canada
Citizenship Canadian			
Mailing Address 26 Culture Crescent			
Mailing Address			
City	Brampton	State	Ontario
		ZIP	L6X 4V4
		Country	Canada

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Blagoja		Ristevski	
Inventor's Signature		Date	
Residence: City	Oakville	State	Ontario
		Country	Canada
Citizenship Canadian			
Mailing Address 2094 Shady Glen Road			
Mailing Address			
City	Oakville	State	Ontario
		ZIP	L6M 3P1
		Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James Charles James		Boylan	
Inventor's Signature		Date	
Residence: City	Gurnee	State	Illinois
		Country	US
Citizenship US			
Mailing Address 16798 Orchard Valley Drive			
Mailing Address			
City	Gurnee	State	Illinois
		ZIP	60013
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Hong		Li	
Inventor's Signature		Date	
Residence: City	Brampton	State	Ontario
		Country	Canada
Citizenship Canadian			
Mailing Address 26 Culture Crescent			
Mailing Address			
City	Brampton	State	Ontario
		ZIP	L6X 4V4
		Country	Canada

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